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## APPLICANTS

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## \*\* CONTINUING DATA \*\*\*\*\*

*None*

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

JAPAN 2002-201600 07/10/2002 *Verified*

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* 10/03/2003

Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY JAPAN	SHEETS DRAWING 3	TOTAL CLAIMS 3	INDEPENDENT CLAIMS 2
35 USC 119 (a-d) conditions <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Verified and Acknowledged <i>Attn: Manager, JPC</i> <i>DP</i> Examiner's Signature Initials				

## ADDRESS

27123

## TITLE

Ophthalmologic apparatus

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